

## IMPORTANT INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Complete this application using black ink. Each position you apply for requires a separate application. Resumes are not accepted in lieu of applications. Copies of your application are acceptable. Each must be clear, have an original signature, correct job title and required attachments. Applications and attachments become official property of the City of Santa Fe and cannot be returned, reused or copied after being submitted in lieu of application.

**The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will NOT be processed.**

**Carefully read the position recruitment announcement for which you are applying. Note the knowledge and skills required for the position. Assure that you meet the minimum qualifications for the position. If high school/GED or college education is required, attach a copy of your diploma, degree or transcripts to EACH APPLICATION. You will not qualify for the position if you fail to attach the required proof of education.**

Complete an experience block for each of your past jobs describing your job duties and responsibilities. Volunteer work is acceptable with a letter from the employer documenting the job duties, beginning and ending dates, and number of hours worked.

The Human Resources Department will review all applications to determine if the applicant meets the minimum qualifications. Qualifying applications are then reviewed by the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by phone. After interviews are conducted, applicants will be contacted by letter and informed of selection status.





# City of Santa Fe, New Mexico

P.O. Box 909, 200 Lincoln Ave., Santa Fe, New Mexico 87504-0909  
(505) 955-6597 • Job opening information (505) 955-6742  
FAX (505) 955-6810 • For hearing impaired call TDD (505) 955-6741  
<http://www.santafenm.gov>

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

Position Applied For \_\_\_\_\_ Announcement No. \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

Telephone (Home) ( ) \_\_\_\_\_ (Work or other) ( ) \_\_\_\_\_

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, explain and provide dates.

Have you ever used a different name for school or employment? If so, what name(s)?

Do you now work or have you previously worked for the City of Santa Fe?

Yes ☐ No ☐ If yes, indicate dates: From \_\_\_\_\_ To \_\_\_\_\_

Does the City of Santa Fe employ any relative of yours or

are you related to a City Official? ☐ Yes ☐ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you eligible to work in the United States? ☐ Yes ☐ No

(If selected, proof of eligibility will be required)

Do you possess a valid Driver's License? ☐ Yes ☐ No

State \_\_\_\_\_ Class \_\_\_\_\_ License # \_\_\_\_\_

#### Referral Source:

- ☐ Website
- ☐ Advertisement
- ☐ Job Fair
- ☐ Friend or Relative
- ☐ Job Line
- ☐ Walk-in
- ☐ Other (Describe)

### FOR USE BY HUMAN RESOURCES DEPARTMENT

Experience: \_\_\_\_\_

Education: \_\_\_\_\_

Comments: \_\_\_\_\_

Accepted ☐ Rejected ☐ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

EDUCATION:

Copies of High School/G.E.D., college degree or college transcripts must be attached to each application to receive credit for education, if it is required.

<input type="checkbox"/> Yes    High School Diploma/GED Certificate? Name of school_____	
<input type="checkbox"/> No    If no, Indicate Grade completed _____	
<input type="checkbox"/> Vocational/Technical _____ Hrs. completed _____	
Name of School _____ Major Field: _____	
<div>UNDERGRADUATEGRADUATE</div>	
College or University	College or University
Major Field(s)	Major Field(s)
Hours Completed	Hours Completed
Semester: _____ Quarter: _____	Semester: _____ Quarter: _____
Degree(s) received:	Degree(s) received:
Date(s) received:	Date(s) received:

1. License/Certificate issued by _____			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date
2. License/Certificate issued by _____			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc. \_\_\_\_\_

\_\_\_\_\_

POLICE AND/OR FIRE APPLICANTS ONLY

Are you age 21 or over?    Yes    No

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Are you willing to submit to a full background investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to submit a drug and alcohol screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to submit to psychological testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to submit to a polygraph testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to undergo various physical agility tests and submit to a full physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are applying for a position requiring typing, complete and sign the following.

**TYPING PROFICIENCY SELF - CERTIFICATION**

I hereby certify that I can type at the following speed:

☐ Less than 30 words per minute.

☐ 31 - 40 words per minute.

☐ 41 - 50 words per minute.

☐ 51 - 60 words per minute.

☐ 61+ words per minute.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name	Address	Phone	Professional Relationship

May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment?

**NOTE:** Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours worked is required.

1	Employer's Name		Kind of Business			From(Mo./Yr.)		To(Mo./Yr.)	
	Employer's Address		No. & Street/P.O. Box		City	State	Zip	Your Job Title	
	Supervisor's Name		Phone Number (    )		Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per week	START Mo. Pay \$	LAST Mo. Pay \$
	If you supervised employees, please indicate number & give dates No.       FROM (Mo./Yr.)       TO (Mo./Yr.)				PLACE of employment (City & State) if different from employer's address				
	DUTIES:								
REASONS FOR LEAVING OR WANTING TO LEAVE:								<div>DO NOT WRITE IN THIS AREA</div> <div>YEARS    MONTHS</div>	

2	Employer's Name		Kind of Business			From(Mo./Yr.)		To(Mo./Yr.)					
	Employer's Address		No. & Street/P.O. Box		City	State	Zip	Your Job Title					
Supervisor's Name		Phone Number ( )		Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per week		START Mo. Pay \$		LAST Mo. Pay \$			
If you supervised employees, please indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)				PLACE of employment (City & State) if different from employer's address									
DUTIES:													
REASONS FOR LEAVING:										<div>DO NOT WRITE IN THIS AREA</div> <table><tr><td>YEARS</td><td>MONTHS</td></tr></table>		YEARS	MONTHS
YEARS	MONTHS												

**EMPLOYMENT (Continued)**

<b>3</b>	Employer's Name	Kind of Business			From(Mo./Yr.)	To(Mo./Yr.)				
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title				
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$				
If you supervised employees, please indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address							
DUTIES:										
REASONS FOR LEAVING:						<table border="1"><tr><td colspan="2">DO NOT WRITE IN THIS AREA</td></tr><tr><td>YEARS</td><td>MONTHS</td></tr></table>	DO NOT WRITE IN THIS AREA		YEARS	MONTHS
DO NOT WRITE IN THIS AREA										
YEARS	MONTHS									

<b>4</b>	Employer's Name	Kind of Business			From(Mo./Yr.)	To(Mo./Yr.)				
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title				
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$				
If you supervised employees, please indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address							
DUTIES:										
REASONS FOR LEAVING:						<table border="1"><tr><td colspan="2">DO NOT WRITE IN THIS AREA</td></tr><tr><td>YEARS</td><td>MONTHS</td></tr></table>	DO NOT WRITE IN THIS AREA		YEARS	MONTHS
DO NOT WRITE IN THIS AREA										
YEARS	MONTHS									

**EMPLOYMENT (Continued) Next page**

CONTINUATION SHEET

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

<b>5</b>	Employer's Name		Kind of Business		From(Mo./Yr.)	To(Mo./Yr.)	
	Employer's Address		No. & Street/P.O. Box	City	State	Zip      Your Job Title	
	Supervisor's Name		Phone Number (    )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$
	If you supervised employees, please indicate number & give dates No.      FROM (Mo./Yr.)      TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address			
	DUTIES:          <div><div>DO NOT WRITE</div><div>YEARS    MONTHS</div></div>						

<b>6</b>	Employer's Name		Kind of Business		From(Mo./Yr.)	To(Mo./Yr.)	
	Employer's Address		No. & Street/P.O. Box	City	State	Zip      Your Job Title	
	Supervisor's Name		Phone Number (    )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$
	If you supervised employees, please indicate number & give dates No.      FROM (Mo./Yr.)      TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address			
	DUTIES:          <div><div>DO NOT WRITE</div><div>YEARS    MONTHS</div></div>						

**PLEASE READ BEFORE SIGNING**

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize the City of Santa Fe to investigate the information contained herein and contact those previous employers I have approved. I release all references, previous employers and schools from damages resulting from furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICANT DATA RECORD:

To help us comply with Equal Employment Opportunity record keeping, reporting and other legal requirements, please fill out the Application Data Record. This is not required, but we appreciate your cooperation.

This data will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment. **IT WILL NOT BE SEEN BY THE SELECTING OFFICIAL.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Referral Source:

☐ Advertisement

☐ Which One:

☐ Friend or Relative

☐ Job Line

☐ Walk-in

☐ Other (Describe) \_\_\_\_\_

☐ Male ☐ Female Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Race/Ethnic Group: Check One:

☐ White ☐ Black ☐ Hispanic

☐ American Indian / Alaskan Native

☐ Asian or Pacific Islander

☐ Other

## VETERAN STATUS

Please complete the following if you are a veteran. (Check all that apply)

☐ Vietnam era veteran

☐ Other veteran

☐ Disabled veteran

☐ Active military (Reserves, etc.)